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DOCUMENT HISTORY LOG

STATUS ¹	DOCUMENT REVISION ²	EFFECTIVE DATE	DESCRIPTION ³
Baseline	2.0	July 1, 2016	Initial version Uniform Managed Care Manual, Chapter 3.32 "Medicaid Managed Care / CHIP Website Required Critical Elements." Version 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-08-0001, 529-10-0020, 529-12-0002, 529-12-0003, 529-13-0042, 529-13-0071, and 529-15-0001; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.

¹ Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.

² Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., "1.2" refers to the first version of the document and the second revision.

³ Brief description of the changes to the document made in the revision.



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Applicability of Chapter 3.32

This chapter applies to Managed Care Organizations (MCOs) or Dental Contractors participating in the Texas Medicaid Managed Care Programs STAR, STAR+PLUS (including the Medicare-Medicaid Dual Demonstration), STAR Health, STAR Kids, and/or Texas Medicaid Dental Services and the Children's Health Insurance Program, including CHIP Perinatal and CHIP Perinatal Newborn, and/or Texas CHIP Dental Services.

Required Critical Elements

I. General Requirements

1. Each MCO and Dental Contractor must have a Texas specific MCO home webpage on its website. The MCO home webpage must include links to a designated webpage for members and another one for providers.
2. The website must operate on a sufficient bandwidth that has quick upload and download times.
3. Website tools and techniques should not require significant memory.
4. The website must be compliant with the Health Insurance Portability and Accountability Act (HIPAA).
5. The website must be made available in English and Spanish with hyperlinks to select between the languages with the exception of the Main Provider Home Page required elements.
6. All links must be clearly labeled and functional.
7. The website must include the link to financial literacy information on the Office of Consumer Credit Commission's webpage.
8. If all required critical elements cannot be displayed on the designated page, the MCO has the option to provide a hyperlink to display the intended information for the required critical element specified for the MCO Home Page, Main Member Home Page, or Main Provider Home Page under the following conditions:
 - a. The hyperlink from the MCO Home Page, Main Member Home Page, or Main Provider Home Page must be to a webpage that exclusively and readily displays the intended information specific to the hyperlink.
 - b. The critical element information must not be dispersed among or throughout multiple webpages through various links.



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- c. The hyperlink must not link to a handbook, manual, document, etc. that a Member or Provider must first access or search to obtain the information.
- d. The MCO may have subpages for additional information specific to a Program.

II. MCO Home Page

The MCO or Dental Contractor must include on the MCO Home Page, at a minimum, the following items listed and those identified in the sections below:

1. MCO or Dental Contractor logo
2. MCO or Dental Contractor background and/or history information
3. Links to the MCO Home page in Spanish, the Member Home page, and the Provider Home page or Provider Portal
4. Information regarding the availability of material published in alternate formats (e.g., large print, Braille, audio)
5. A link to the MCO's contract (STAR Health only)
6. Link to the OIG website to report suspected fraud, waste, or abuse by a Member and/or provider

A. Program(s) Overview

The MCO or Dental Contractor participating in any of the programs listed below (each, a "Program") must include an overview of each Program in which it participates, including a list of the Service Area(s) it covers. Program logos must appear on specific Program pages.

- STAR
- STAR+PLUS
- CHIP
- CHIP Perinatal
- CHIP Perinatal Newborn
- STAR Health (STAR Health MCO only)
- STAR Kids (STAR Kids MCO only)
- Texas Medicaid Dental Services (Dental Contractor only)
- Texas CHIP Dental Services (Dental Contractor only)



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B. Phone Numbers

The MCO or Dental Contractor must include the following toll-free phone numbers and information as indicated:

1. Member Services Hotline Number
 - a. Hours of operation, including after-hours and weekend coverage
 - b. How to access all covered services – including what to do in an emergency or crisis (MCO only)
 - c. Availability of information in English and Spanish
 - d. Availability of interpreter services
 - e. TTY Line for hearing impaired
 - f. Information on the availability of Service Coordination (STAR+PLUS and STAR Kids Only)
2. Provider Services Hotline Number
 - a. Hours of operation
 - b. Information on the purpose of this number and what information it can provide
3. Behavioral Health Service Hotline Number (MCO only)
 - a. 24 hours a day, 7 days a week availability
 - b. How to access services – including what to do in an emergency or crisis
 - c. Availability of information in English and Spanish
 - d. Availability of interpreter services
 - e. How to access Substance Abuse Services, including information on self-referral
 - f. Information on the Availability of Service Coordination (STAR Health, STAR Kids, and STAR+PLUS)
4. 24 Hour Nurseline Number (MCO only, if applicable)
 - a. 24 hours a day, 7 days a week availability
 - b. Information on what the number is used for
 - c. Availability of information in English and Spanish
 - d. Availability of interpreter services
 - e. TTY Line for hearing impaired
 - f. State how to seek specialty consultations and referrals (STAR Health only)



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5. STAR and STAR+PLUS Program Help Line (Enrollment Broker)
 - a. Hours of operation
 - b. Information on the information and assistance that can be received by calling this number
 - c. TTY Line for hearing impaired
6. Fair Hearing Contact Information
 - a. Toll-free number to request an appeal
 - b. Information on the information and assistance that can be received by calling this number

C. Subcontractor Information (MCO only)

The MCO must provide the name, contact information, description of services provided, and link to a website for any subcontractor that provides the services listed below, if applicable.

1. Prescription Benefits Manager (PBM)
2. Vision
3. Behavioral Health
4. Dental

III. Main Member Home Page

The MCO or Dental Contractor must include on the Member Home Page, at a minimum, the items identified in the sections below:

A. Member Handbook

1. The MCO and Dental Contractor must have a printable version of its Member Handbook in English and Spanish for each applicable Program and Service Area.
2. CHIP Program Member Handbooks can either be individual for CHIP, CHIP Perinatal, and CHIP Perinatal Newborn, or the CHIP Member Handbook can include CHIP Perinatal and CHIP Perinatal Newborn.
3. The entire Member Handbook should be available for printing including front and back covers.
4. Hyperlinks to the Member Handbook Table of Contents and inserts/ addendums must be made available.



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B. Member Information

1. Information on how to replace a lost/ stolen Member ID card
2. Member Rights and Responsibilities: The MCO or Dental Contractor may hyperlink to the Member Handbook.
3. Texas Health Steps toll-free number and website
4. Notice of Privacy Practice (NOPP) information
5. Member Advisory Group Overview (Not applicable for Dental Contractors)
6. Hyperlink to the Member Portal, if applicable
7. A list of premiums and cost sharing including any conditions and limitations (CHIP only)
8. The MCO must provide designated space for HHSC notifications on the Main Member Home Page. HHSC requested member notices must be posted to the Main Member Home Page within ten (10) business days. Notices must remain posted for as long as the information in the notice is current.

C. Provider Directory

1. The MCO or Dental Contractor must provide information that explains how Members may choose a PCP or clinic/ Main Dentist.
2. The MCO must provide information that explains the referral process to specialty providers and the self-referral process to providers such as family planning, OB/GYNs, behavioral health, etc.
3. If the MCO or Dental Contractor does not provide a provider web search functionality, the MCO or Dental Contractor must make available PDF, printable versions of its Provider Directories for each applicable Program and Service Area. The printable versions must include the date updated and must be updated on the website at least twice a month.
4. If the MCO or Dental Contractor only provides a provider search function on its website, all Provider Directory critical elements must be met and incorporated into its online Provider Directory.
5. MCO online Provider Directory or online Provider search functionality must:
 - a. designate PCPs with open versus closed panels
 - b. identify Providers that provide Long-Term Services and Supports (LTSS) (applicable for STAR+PLUS and STAR Kids only)



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- c. list Home Health Ancillary providers on its website, with an indicator for pediatric services if provided.

D. Medicaid Appeals Process

1. The MCO or Dental Contractor must provide a description of and information on how to file an appeal with the MCO or Dental Contractor.
2. The MCO or Dental Contractor must provide the procedures for filing the appeal.
3. The MCO or Dental Contractor must provide the toll-free phone number for receiving oral requests.
4. The MCO or Dental Contractor must provide the mailing address for written requests.
5. The MCO or Dental Contractor must include links, if applicable, to any forms created by the MCO or Dental Contractor for appeals.
6. The MCO must provide contact numbers/ information that the Member may use for process or status questions.
7. The MCO or Dental Contractor may hyperlink to the appeals process information in the Member Handbook.

E. CHIP Appeals Process

1. The MCO or Dental Contractor must provide a description of and information on how to file an appeal with the MCO or Dental Contractor.
2. The MCO or Dental Contractor must provide the procedures for filing the appeal.
3. The MCO or Dental Contractor must provide the toll-free phone number for receiving oral requests.
4. The MCO or Dental Contractor must provide the mailing address for written requests.
5. The MCO or Dental Contractor must include links, if applicable, to any forms for appeals.
6. The MCO must provide contact numbers/ information that the Member may use for process or status questions.
7. The MCO or Dental Contractor may hyperlink to the appeals process information in the Member Handbook.

F. Fair Hearing Process



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1. The MCO or Dental Contractor must provide a description of and information on how to request a fair hearing.
2. The MCO or Dental Contractor must provide the procedures for requesting a fair hearing.
3. The MCO or Dental Contractor must provide the toll-free phone number for oral requests for a fair hearing.
4. The MCO or Dental Contractor must provide the mailing address for written requests for a fair hearing.
5. The MCO or Dental Contractor must include links, if applicable, to any forms for fair hearings.
6. The MCO must provide contact numbers/ information that the Member may use for process or status questions.
7. The MCO or Dental Contractor may hyperlink to the fair hearing information in the Member Handbook.

G. Medicaid Complaint Process

1. The MCO or Dental Contractor must provide a description of and information on how to file a complaint.
2. The MCO or Dental Contractor must provide the procedures for filing a complaint.
3. The MCO or Dental Contractor must provide the toll-free phone number for oral requests to file a complaint.
4. The MCO or Dental Contractor must provide the mailing address for written requests to file a complaint.
5. The MCO or Dental Contractor must include links, if applicable, to any form for complaints.
6. The MCO or Dental Contractor must provide contact numbers/ information that the Member may use for process or status questions.
7. The MCO or Dental Contractor may hyperlink to the complaint information in the Member Handbook.
8. The Medicaid MCO websites should include the following message and contact information to address complaints on their Member Home Page.

File a complaint:



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If you get benefits through Medicaid's STAR, STAR+PLUS, or STAR Health program, call your medical or dental plan first. If you don't get the help you need there, you should do one of the following:

- a. Call Medicaid Managed Care Helpline at 1-866-566-8989 (toll free).
 - b. **Online:** Online Submission Form (only works in Internet Explorer)
 - c. **Mail:** Texas Health and Human Services Commission
Office of the Ombudsman, MC H-700
P.O. Box 13247
Austin, TX 78711-3247
 - d. **Fax:** 1-888-780-8099 (Toll-Free)
9. The STAR Health MCO must also include the state inbox for Member and provider complaints: STAR.Health@hhsc.state.tx.us.

H. CHIP Complaint Process

1. The MCO or Dental Contractor must provide a description of and information on how to file a complaint.
2. The MCO or Dental Contractor must provide the procedures for filing a complaint.
3. The MCO or Dental Contractor must provide the toll-free phone number for oral requests to file a complaint.
4. The MCO or Dental Contractor must provide the mailing address for written requests to file a complaint.
5. The MCO or Dental Contractor must include links, if applicable, to any form for complaints.
6. The MCO or Dental Contractor must provide contact numbers/ information that the Member may use for process or status questions.
7. The MCO or Dental Contractor may hyperlink to the complaint information in the Member Handbook.

IV. Main Provider Home Page

The MCO or Dental Contractor must include on the Main Provider Home Page, at a minimum, the items identified in the sections below:

A. Provider Manual



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1. The MCO or Dental Contractor must have a printable version of its Provider Manual for each applicable Program.
2. The entire Provider Manual should be available for printing including front and back covers.
3. Hyperlinks to the Provider Manual Table of Contents must be made available.

B. Provider Information

1. Provider Services Hotline Number and (optional) Provider Services Contact Information
2. Provider Relations Contact Information
3. Contracting/ Credentialing Forms
4. Provider Newsletters
5. Provider Advisory Group
6. Provider Notices and Reminders that include notices and reminders re: claims processing guidelines
7. Members Rights and Responsibilities
8. Any plan-specific physician forms available for download
9. Link to the Texas Medicaid & Healthcare Partnership
10. Link to the Texas Health and Human Services Commission website (STAR+PLUS MCOs must also include a link for nursing facility unit rates on HHSC's website)
11. Link to the Texas Medicaid/ CHIP Vendor Drug Program (including how to access the Medicaid formulary and Preferred Drug List (PDL) on HHSC's website)
12. Training program schedules and topics and directions for Provider enrollment in training, including continuing education credits for training on issues to the Target Population
13. How to apply to become a Network Provider including the Provider Letter of Intent/ interest form
14. Information on cultural competency and how to provide culturally sensitive care
15. The MCO must provide designated space for HHSC notifications on the Main Provider Home Page. HHSC requested Provider notices must be posted to the Main Provider Home Page within ten (10) business days. Notices must remain posted for as long as the information in the notice is current.

C. Provider Complaints



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1. The MCO or Dental Contractor must provide, in general, the following contact information for providers to submit a complaint:
 - a. Contact number
 - b. Email address
 - c. Fax number
2. The MCO must also include the state inbox for provider complaints: HPM.Complaints@hhsc.state.tx.us and for STAR Health at STAR.Health@hhsc.state.tx.us.

D. Provider Appeals

The MCO or Dental Contractor must provide, in general, the following contact information for providers to submit a claim appeal:

1. Contact number
2. Email address
3. Fax number

E. Prior Authorizations

The MCO or Dental Contractor must include its criteria for prior authorizations and link to any prior authorization request form(s) the provider must utilize.

F. Provider Portal Link

The MCO's or Dental Contractor's Provider Portal must:

1. Be secure and require a login and password
2. Have the ability to verify client eligibility
3. Have online claims processing ability, permitting the electronic submission of all claim types (professional, institutional, and dental)
4. Be able to gather required claim related information, such as form batch uploads, direct data entry, EDI, and/or other, and at a minimum, must have batch submission capability and allow for the viewing of individual claims in a batch
5. Have an online process to support the requirements of a prompt/ expedited credentialing process as defined by contract
6. Have an online process to permit the submission of electronic claims and any related documentation requested by the MCO or Dental Contractor



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7. Allow for/ permit the submission of prior authorization requests, including pharmaceutical requests as applicable and any related documentation requested by the MCO or Dental Contractor
8. Have an online process to permit the submission of claims appeals and reconsiderations
9. Have an online process to permit the submission of clinical data
10. Have an online process to obtain electronic remittance advice (GUI, EDI, or other)
11. Include an electronic process to obtain an explanation of benefit statements and other standardized reports
12. Have the ability to accept electronic forms and capture an electronic signature or similar electronic authorization of a prior authorization request
13. Allow for provider access to its Maximum Allowable Cost Lists as defined and required per contract (MCO only)
14. Provide information on how to handle appeals for recoupments due to HHSC retro-eligibility changes

G. Additional Specific Requirements for the STAR Health and STAR Kids MCOs

In addition to the above-referenced requirements for the Main Provider Home page, the STAR Health and STAR Kids MCOs must include the items identified below:

STAR Health MCOs

1. Links to the Department of Family and Protective Services policies and information required of Providers to meet the needs of the STAR Health population
2. Posting of routine scheduled downtime of the Health Passport

STAR Kids MCOs

1. Information on the 24-hour Nurse Hotline and how to seek specialty consultations and referrals
2. Information regarding outages and downtime for Provider-facing systems

V. Social Media

If the MCO or Dental Contractor is unable to include its general Terms and Conditions for any social media platforms utilized to communicate with Members or Providers on the social media sites, the MCO must include the general Terms and Conditions on its MCO website.

VI. Optional Items



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The following items are optional and are not requirements for the MCO or Dental Contractor websites.

1. MCO or Dental Contractor events calendar
2. Value Added Services
3. Comparison Charts
4. Report Cards
5. Member Portal
 - Ability for Member to view Individual Service Plan (ISP)
 - Ability for Member to view Explanation of Benefits (EOB)
6. Member Newsletters
7. Community Resources
8. Migrant Farmworkers Page
9. Frequently Asked Questions (FAQs)
10. Quick Tools
11. Provider Training Modules
12. Advance Directives